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ASCE Course Evaluation

ASCE welcomes your feedback. Please print out this page, complete it, and submit it back to ASCE using the instructions noted at the bottom of the page.

Title of Course: _____
Code: _____
Date of Completion: _____
Your name (optional): _____
Your contact information (optional) _____

- How did you learn of this ASCE program?
 Mail Telephone Advertisement Friend/Co-worker State Board/Society
 Other _____
- The stated learning objectives of the program were met.
 Totally Agree Agree Not Sure Disagree Totally Disagree
- The prerequisite requirements for the program were appropriate.
 Totally Agree Agree Not Sure Disagree Totally Disagree
- The program materials contributed to the achievement of the learning objectives.
 Totally Agree Agree Not Sure Disagree Totally Disagree
- The program content was timely and relevant.
 Totally Agree Agree Not Sure Disagree Totally Disagree
- The program materials were accurate.
 Totally Agree Agree Not Sure Disagree Totally Disagree
- The time allocations for the program were appropriate.
 Totally Agree Agree Not Sure Disagree Totally Disagree
- What is the nature of your professional employment?
 Public Accounting Government Education Industry Other
- What is the nature of your professional responsibilities?
 Accounting Auditing Tax MAS Other
- How much accounting experience do you have?
 0-2 Years 3-5 Years 6-10 Years More than 10 Years
- Do you perform audits of governmental or nonprofit organizations?
 Yes NO
- Please provide any other comments / suggestions / feedback you may have in the space below:

Thank you for your feedback!
Please mail or email your completed evaluation form back to ASCE at:
P.O. Box 115008, Carrollton, TX 75011-5008 | Email: cplgrading@thomsonreuters.com